# CORRECTION/AMENDMENT AFFIDAVIT FOR POLITICAL COMMITTEE

FORM COR-PAC

1	Filer ID (Ethics Commi	ssion Filers)	2 Total pages filed:	OFFICE	E USE ONLY				
3	COMMITTEE NAME	Austin United	PAC	Date Received					
4	TREASURER NAME	Derek Ensigh		RECEIVED AT 28 '20 PM1:30					
5	ORIGINAL REPORT TYPE	January 15  July 15  30th day before election	Date Hand-delivered or Date Postmarked						
		8th day before election	Dissolution Report  Other (specify	Receipt #	Amount \$				
6	ORIGINAL PERIOD	Month Day Year	Month Day Year	Date Processed					
	COVERED		THROUGH 12/31/2019	Date Imaged					
7	7 EXPLANATION OF CORRECTION								
	Signetture on affidavit								
8	8 AFFIDAVIT  I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.								
	1	Semia made	ONLY if applicable:  nnual reports: I swear, or affirm in good faith and without ar resent the information contained	intent to m					
	Comm. Ex	prires 11-08-2023 ID 13225961-5 Other report that the or affire	reports: I swear, or affirm, that not later than the 14th business or report as originally filed is inaccum, that any error or omission in tade in good faith.	day after the d rate or incomp	ate I learned lete. I swear,				
	AFFIX NOTARY STAMP	//SEALABOVE	Duk Ens. Signature of Cam	paign Treasurer					
	Sworn to and subscribed	before me, by the said	k Ensign	, this the Z	<b>8</b> day of				
	Jamanz		y which, witness my hand and seal of office.						
	Signature of officer adm	inistering oath Printed	Sabrina Sha	Noto	er adhinistering oath				
	This or officer assimilatering dating								
	Reme		Of The Campaign Finance Rep t And Explain Corrections	oort Form					

# CORRECTION/AMENDMENT AFFIDAVIT FOR POLITICAL COMMITTEE

**All Reports:** A filer who files a corrected report must submit a correction affidavit. The affidavit must identify the information that has changed.

Reports filed with Texas Ethics Commission: A corrected report (other than a report due 8 days before an election or a special report near election) filed with the Ethics Commission after its due date is not considered late for purposes of late-filing penalties if: (1) any error or omission in the report as originally filed was made in good faith, and (2) the person filing the report files a corrected report and a good-faith affidavit not later than the 14th business day after the date the person learns that the report as originally filed is inaccurate or incomplete.

**Semiannual Reports:** Effective September 1, 2011, a semiannual report (due January 15 or July 15) that is amended/corrected <u>before</u> the eighth day after the original report was filed is considered to have been filed on the date the original report was filed. A semiannual report that is amended/corrected <u>on or after</u> the eighth day after the original report was filed is considered to have been filed on the date the original report was filed if: (1) the amendment/correction is made before any complaint is filed with regard to the subject of the amendment/correction; and (2) the original report was made in good faith and without intent to mislead or misrepresent the information contained in the report.

Attach additional pages as necessary.

#### INSTRUCTIONS FOR COMPLETING THIS FORM

The following numbers correspond to the numbered boxes on the other side.

- **1. Filer ID.** If you file with the Ethics Commission, you should have received a letter acknowledging receipt of your campaign treasurer appointment and assigning you an Filer ID. Put that number in this box. If you do not file with the Ethics Commission, skip this box.
- **2. Total Pages Filed.** After completing this form and any attachments, count the number of pages. Enter that number in this box. Each side of a two-sided form counts as a page. In other words, this form is two pages.
- **3. Committee Name.** Put the committee's full name here. Enter your name in the same way as on the report you are correcting.
- 4. Treasurer Name. Put the treasurer's full name here.
- 5. Original Report Type. Mark the type of report you are correcting.
- **6. Original Period Covered.** Enter the period covered by the report you are correcting. The year is important because filers sometimes correct reports years after filing the original.
- **7. Explanation of Correction.** Attach any part of the campaign finance report form needed to report and explain corrections. Explain why there was an error on the original report. Also explain what information is being corrected and how the new information is different from the information on the original report. (Use additional pages if you need more space.) You may also use this area to request a waiver or reduction of a late-filing penalty and state the basis of your request.
- **8. Affidavit.** Read the affidavit before signing. You must sign the affidavit in the presence of an individual authorized to take oaths. If signed before a notary public, the affidavit must include the notary's signature and seal

#### SPECIFIC-PURPOSE COMMITTEE FORM SPAC **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID 2 Total pages filed: The SPAC Instruction Guide explains how to complete this form. 11 3 COMMITTEE NAME OFFICE USE ONLY Austin United PAC Date Received OCC RECEIVED ( JAN 28 '20 PM1:3D ADDRESS / PO BOX; APT / SUITE #; CITY; COMMITTEE STATE; ZIP CODE **ADDRESS** 3110 Manor Rd Ste H Date Hand-delivered or Date Postmarked Change of Address Austin, TX 78723 Receipt# Amount Date Processed Date Imaged CAMPAIGN MS/MRS/MR **FIRST TREASURER** Derek NAME **NICKNAME** LAST SUFFIX Ensign CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE: ZIP CODE **TREASURER** STREET 4710 Santa Anna St, Austin TX 78721 **ADDRESS** (Residence or Business) CAMPAIGN STREET OR PO BOX: APT / SUITE #; CITY; STATE: ZIP CODE **TREASURER** MAILING **ADDRESS** Change of Address CAMPAIGN AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** 512-925-1830 9 REPORT X January 15 30th day before election Exceeded \$500 Limit **TYPE** 8th day before election Dissolution (Attach PAC-DR) July 15 10th day after campaign treasurer Runoff termination 10 PERIOD Month Day Year Month Day Year COVERED 10/27/2019 **THROUGH** 12/31/2019 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Year Day Other Primary Runoff 11/05/2019 X General Special **GO TO PAGE 2**

# SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

# FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID					
Austin United PAC								
14 COMMITTEE PURPOSE (Attach lists on plain	Candidate							
paper to complete this report if necessary.)	=	OFFICE COUCUT (see didea) ( OFFICE UE	ID (-#:1-14-)					
SUPPORT	Officeholder	OFFICE SOUGHT (candidate) / OFFICE HE	LD (officeholder)					
(Candidate or Measure)		BALLOT IDENTIFICATION / #		ON DATE				
X OPPOSE (Candidate or Measure)	X Measure	Prop A	Month 11/05/2	Day 2019	Year			
ASSIST (Officeholder)		DESCRIPTION Austin Voter Approval for Sports and Entertainment Venue Construction on City Land						
15 CONTRIBUTION TOTALS	TOTAL POLITICAL CON LOANS, OR GUARANTE	\$	\$0.00					
	2. TOTAL POLITICAL C (OTHER THAN PLEDGE	\$	\$0.00					
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED				\$0.00			
	4. TOTAL POLITICAL E	\$	\$63,933.72					
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CON REPORTING PERIOD	TRIBUTIONS MAINTAINED AS OF THE LAST	DAY OF THE	\$	\$530.17			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMO DAY OF THE REPORTIN	OUNT OF ALL OUTSTANDING LOANS AS OF NG PERIOD	THE LAST	\$	\$0.00			
Com No	Sabrina Sha ry Public, State of Texas m. Expires 11-08-2023 ptary ID 13225961-5	I swear, or affirm, under penalty of pe and correct and includes all information Title 15, Election Code.		reported by n				
	STAMP / SEAL ABOVE  before me, by the said  , 20, to certify which		this the	-8	day			
Signature of officer addr	ministering oath Prin	Salorina Sha ted name of officer administering oath	Not Title of office	er admin(steri	ng oath			

### **SUBTOTALS - SPAC**

### FORM SPAC COVER SHEET PG 3

	0.011									
17 COMM Austin		EE NAME ited PAC	18 Filer ID							
		E SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT					
1. [	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	0.00					
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$							
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$						
4. [		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION	R	\$						
5.		\$								
6. [		\$								
7.	Х	\$	0.00							
8.	X	\$	63,933.72							
9.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$							
10. [		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$						
11. [		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$						
12. [		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$						
13. [	X	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	18.00					
14. [		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$						

	LOANS					SCH	HEDULE <b>E</b>
	The Instruction	on Guide explains how to complet	e this f	form.	I .	l pages Schedule I : 1/1 Rpt: 4/11	≣:
2	FILER NAME Austin United PA	AC			3 Filer	ID	
4	TOTAL OF UN	IITEMIZED LOANS		8	-	\$	0.00
5	Date of loan	7 Name of lender out-of-state PAC (ID#:) 9					unt (\$)
6	Is lender a financial institution?	8 Lender address; City;	State;	Zip Code		10 Interest Ra	
						<b>11</b> Maturity D	ate
12	Principal occupation	on / Job title (See Instructions)	5)	-			
14	Description of Coll  None	ateral		15 Check if personal funds we	ere depos	sited into political a (See Instru	and the same of th
16	G GUARANTOR INFORMATION 17 Name of guarantor						uaranteed (\$)
	not applicable						
20	Principal occupation	on		21 Employer (See Instructions	5)		

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Event Expense

Fees Food/Beverage Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Gift/Awards/Memorials E Legal Services  The Instruction Gui			Expens Wages	s/Contract Labor	Travel Out of District OTHER (enter a category not listed a	.bove)	
1	Total pages Schedule F1:	2	FILER NAME					3	3 Filer ID	
	Sch: 1/6 Rpt: 5/11		Austin Unite	ed PAC						
4	Date	5	Payee name							
	11/05/2019		Acosta, Xav	⁄i						
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	ode			
	\$150.00		1600 Wicke	rsham Ln						
		L	Austin, TX 7	78741						
8	PURPOSE	(a)	Category (S	ee Categories listed at the	e top of this sche	edule)	(b)	Description		
	OF EXPENDITURE			ages/Contract La					utside of Texas. Complete Schedule T.	
								_	TX, officeholder living expense	
								Canvassers		
_	Complete CNI V if direct	L,	0			· · · · · · · · · · · · · · · · · · ·			S'' 1.11	0
9	Complete ONLY if direct expenditure to benefit C/Oh		Jandidate/Oni	ceholder name	U	Office sou	ught		Office held	
	Date	П	Payee name							
	11/12/2019		Butts, David	1						
	Amount (\$)	$\vdash$	Payee addres	ss; City;	State:	Zip Co	ode			
	\$1,000.00		1914 Pattor		·		,,,,			
	72,		101	LII						
			Austin TV	20700						
		L	Austin, TX 7							
	PURPOSE OF	(a)		ee Categories listed at the	top of this sche	edule)	(b)	Description		
	EXPENDITURE		Consulting E	Expense					tside of Texas. Complete Schedule T.  TX, officeholder living expense	
								Consulting	X, Officenoider living expense	
								Consuming		
	Complete ONLY if direct		andidate/Offi	ceholder name	0	Office sou	ight		Office held	
	expenditure to benefit C/OF		/allalactor C	serioidei riairie	_	IIICC SCG	igin		Office field	
_		_								
	Date		Payee name							
	11/05/2019	L	Jimenez, Er	nesto						
	Amount (\$)		Payee addres		State;	Zip Co	ode			
	\$75.00		1600 Wicke	rsham Ln						
			Austin, TX 7	8741						
	PURPOSE	(a)	Category (Se	ee Categories listed at the	top of this sche	edule)	(b)	Description		
	OF EXPENDITURE			ges/Contract Lab		,			tside of Texas. Complete Schedule T.	
	LA LIBITORE							_	X, officeholder living expense	
								Canvassers		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Office	ceholder name	0	office sou	ıght		Office held	
	experience to belieff 6/6/	_								

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (exter a category and listed above)

	Candidate/Officeholder/Political Committee Credit Card Payment		Legal Services  The Instruction Guide					OTHER (enter a category not listed abo	ove)
1	Total pages Schedule F1:	2 FILER NA	ME				3	Filer ID	
	Sch: 2/6 Rpt: 6/11	l	nited PAC						
4	Date	5 Payee nar	ne						
L	11/02/2019		Consulting	2					
6	Amount (\$) \$1,086.90	7 Payee add PO Box 9	a #11	State; Zip Co	ode				
		900 9000							
L		Austin, T			_				
8	PURPOSE OF	(a) Category	(See Categories listed at the to	pp of this schedule)	(b)	Description			
ı	EXPENDITURE	Polling E	xpense					de of Texas. Complete Schedule T.	
ı							, IX,	officeholder living expense	
						Polling			
9	Complete ONLY if direct expenditure to benefit C/OI		Officeholder name	Office sou	ıght			Office held	
Г	Date	Payee nar	ne						
	11/05/2019	Ramirez,	Isabella						
	Amount (\$)	Payee add	lress; City;	State; Zip Co	ode				
	\$30.00	1600 Wid	kersham Ln						
L		Austin, T							
	PURPOSE OF		(See Categories listed at the to		(b)	Description			
	EXPENDITURE	Salaries/	Wages/Contract Labo	or				de of Texas. Complete Schedule T.	
						Canvassers	, IX,	officeholder living expense	
						Carivassers			
	Complete ONLY if direct expenditure to benefit C/O		Officeholder name	Office sou	ıght			Office held	
F	Date	Payee nar	200						
	10/30/2019		ler Media						
<u> </u>					_				
	Amount (\$)	Payee add		State; Zip Co	ode				
	\$10,000.00	2401 E. 6	oth Street						
		Ste 1007							
		Austin, T	X 78702						
	PURPOSE	(a) Category	(See Categories listed at the to	p of this schedule)	(b)	Description			
	OF EXPENDITURE	Advertisir	ng Expense					de of Texas. Complete Schedule T.	
						_	, TX,	officeholder living expense	
						Media			
_	Complete ONLY if direct	Candidate/0	Officeholder name	Office sou	ght			Office held	
	expenditure to benefit C/O				J				
_									

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbur

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarias/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (others extense and listed above)

	Candidate/Officeholder/Politica Credit Card Payment	ommittee Legal Services Salaries/V  The Instruction Guide explains how to co	Vages	s/Contract Labor	OTHER (enter a category not listed above)
1	Total pages Schedule F1:	FILER NAME		3	Filer ID
L	Sch: 3/6 Rpt: 7/11	Austin United PAC			
4	Date	Payee name			
L	11/05/2019	Rodriguez, Andre			
6	Amount (\$)	Payee address; City; State; Zip Co	de		
	\$105.00	1600 Wickersham Ln			
		Austin, TX 78741			
8	PURPOSE	A) Category (See Categories listed at the top of this schedule)	(b)	Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor			de of Texas. Complete Schedule T.
				Canvassers	officeholder living expense
				Carivassers	
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	abt		Office held
ľ	expenditure to benefit C/OI	Candidate/Oniceroider Hame Onice Sou	gnt		Office field
F	Date	Payee name	_		
	11/05/2019	Salinas, Dennyse			
⊢	Amount (\$)	Payee address; City; State; Zip Co	do		
	\$30.00	1600 Wickersham Ln	ue		
	Ψ30.00	1000 Wickersham En			
		Augustin TV 707.44			
L		Austin, TX 78741			
	PURPOSE OF	(See Categories listed at the top of this schedule)	(b)	Description	
	EXPENDITURE	Salaries/Wages/Contract Labor			de of Texas. Complete Schedule T. officeholder living expense
				Canvassers	Unicertified living expense
┝	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht		Office held
	expenditure to benefit C/OI		J		
F	Date	Payee name			
	11/11/2019	Thompson & Knight LLP			
H	Amount (\$)	Payee address; City; State; Zip Co	de		
	\$2,950.00	98 San Jacinto Boulevard	ue		
	+=,000.00	Ste 1900			
L	DUDDOOF	Austin, TX 78701			
	PURPOSE OF	Category (See Categories listed at the top of this schedule)	(b)	Description	do of Tours Complete Cobadula T
	EXPENDITURE	Legal Services		_	de of Texas. Complete Schedule T. officeholder living expense
				Legal	- managaran
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght		Office held
	expenditure to benefit C/OH				

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Political Committee Credit Card Payment		Legal Services  The Instruction Guide ex	The Instruction Guide explains how to complete this form.				OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	
L	Sch: 4/6 Rpt: 8/11	Austin Uni							
4	Date	5 Payee nam	е						
L	10/29/2019	Y Strategy							
6	Amount (\$)	7 Payee addr	ess; City;	State; Zip Co	ode				
	\$2,500.00	3110 Man	or Rd						
		Ste H							
		Austin, TX	78723						
8	PURPOSE	(a) Category (	See Categories listed at the top o	f this schedule)	(b)	Description			
	OF EXPENDITURE	Consulting	Expense					ide of Texas. Complete Schedule T.	
						_		, officeholder living expense	
						Field Manage	:1116	ent.	
9	Complete ONLY if direct	Candidate/Ot	ficeholder name	Office sou	ıaht			Office held	
	expenditure to benefit C/OI							Cinde field	
	Date	Payee name	e						
	10/29/2019	Y Strategy							
	Amount (\$)	Payee addr	ess; City;	State; Zip Co	ode				
	\$10,000.00	3110 Man	or Rd						
		Ste H							
		Austin, TX	78723						
	PURPOSE OF	(a) Category (	See Categories listed at the top of	this schedule)	(b)	Description			
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete							
						Consulting	, TX,	officeholder living expense	
						Consulting			
H	Complete ONLY if direct		ficeholder name	Office sou	l ight			Office held	
	expenditure to benefit C/O	1							
	Date	Payee name	9						
	10/29/2019	Y Strategy							
	Amount (\$)	Payee addr	ess; City;	State; Zip Co	ode				
	\$5,830.50	3110 Man	or Rd						
		Ste H							
		Austin, TX	78723						
	PURPOSE	(a) Category (	See Categories listed at the top of	this schedule)	(b)	Description			
	OF EXPENDITURE		ages/Contract Labor	,		Check if travel of	outsio	de of Texas. Complete Schedule T.	
	EXI ENDITORE						TX,	officeholder living expense	
						Canvassers			
	Complete ONLY if direct	Candidate/Of	ficeholder name	Office sou	abt			Office held	
	expenditure to benefit C/Oh			Office 30u	Air			Office field	

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Loan Repayment/Reimbursement

Office Overhead/Rental Expense
Polling Expense
Printing Expense Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID	
L	Sch: 5/6 Rpt: 9/11	Austin United PAC	
4	Date	5 Payee name	
	11/05/2019	Y Strategy	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$10,668.00	3110 Manor Rd	
		Ste H	
		Austin, TX 78723	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense  Phonebanking	
		, nonescanning	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
F	Date	Payee name	_
	11/05/2019	Y Strategy	
Т	Amount (\$)	Payee address; City; State; Zip Code	_
	\$5,888.00	3110 Manor Rd	
	,	Ste H	
		Austin, TX 78723	
$\vdash$	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
	EXPENDITORE	Check if Austin, TX, officeholder living expense  Canvassers	
		Canvassers	
	Complete ONLY if direct	Canvassers  Canvassers  Candidate/Officeholder name  Office sought  Office held	
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Canvassers  Candidate/Officeholder name  Office sought  Office held	
	Complete ONLY if direct expenditure to benefit C/OlDate	Canvassers  Candidate/Officeholder name Office sought Office held  Payee name	
	Complete ONLY if direct expenditure to benefit C/OFDate 11/05/2019	Canvassers  Canvassers  Office sought  Office held  Payee name Y Strategy	
	Complete ONLY if direct expenditure to benefit C/OFDate 11/05/2019  Amount (\$)	Canvassers  Canvassers  Canvassers  Office sought Office held  Payee name Y Strategy  Payee address; City; State; Zip Code	
	Complete ONLY if direct expenditure to benefit C/OFDate 11/05/2019	Canvassers  Candidate/Officeholder name Office sought Office held  Payee name Y Strategy  Payee address; City; State; Zip Code 3110 Manor Rd	
	Complete ONLY if direct expenditure to benefit C/OFDate 11/05/2019  Amount (\$)	Canvassers  Canvassers  Canvassers  Office sought Office held  Payee name Y Strategy  Payee address; City; State; Zip Code 3110 Manor Rd Ste H	
	Complete ONLY if direct expenditure to benefit C/OFDate 11/05/2019 Amount (\$) \$400.00	Canvassers  Candidate/Officeholder name Office sought Office held  Payee name Y Strategy  Payee address; City; State; Zip Code 3110 Manor Rd Ste H Austin, TX 78723	
	Complete ONLY if direct expenditure to benefit C/OFDate 11/05/2019  Amount (\$) \$400.00	Canvassers  Canvassers  Canvassers  Canvassers  Office sought Office held  Payee name Y Strategy  Payee address; City; State; Zip Code 3110 Manor Rd Ste H Austin, TX 78723  (a) Category (See Categories listed at the top of this schedule)  Canvassers  Office held  Office held	
	Complete ONLY if direct expenditure to benefit C/OFDate 11/05/2019 Amount (\$) \$400.00	Canvassers  Canvassers  Canvassers  Canvassers  Canvassers  Office sought  Office held  Payee name Y Strategy  Payee address; City; State; Zip Code 3110 Manor Rd Ste H Austin, TX 78723  (a) Category (See Categories listed at the top of this schedule) Design  Canvassers  Office held  (b) Description Check if travel outside of Texas. Complete Schedule T.	
	Complete ONLY if direct expenditure to benefit C/OnDate 11/05/2019  Amount (\$)  PURPOSE OF	Canvassers  Canvassers  Canvassers  Canvassers  Canvassers  Office held  Payee name Y Strategy  Payee address; City; State; Zip Code 3110 Manor Rd Ste H Austin, TX 78723  (a) Category (See Categories listed at the top of this schedule) Design  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Complete ONLY if direct expenditure to benefit C/OnDate 11/05/2019  Amount (\$)  PURPOSE OF	Canvassers  Canvassers  Canvassers  Canvassers  Canvassers  Office sought  Office held  Payee name Y Strategy  Payee address; City; State; Zip Code 3110 Manor Rd Ste H Austin, TX 78723  (a) Category (See Categories listed at the top of this schedule) Design  Canvassers  Office held  (b) Description Check if travel outside of Texas. Complete Schedule T.	
	Complete ONLY if direct expenditure to benefit C/OnDate 11/05/2019  Amount (\$)  PURPOSE OF	Canvassers  Canvassers  Canvassers  Canvassers  Canvassers  Office held  Payee name Y Strategy  Payee address; City; State; Zip Code 3110 Manor Rd Ste H Austin, TX 78723  (a) Category (See Categories listed at the top of this schedule) Design  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Complete ONLY if direct expenditure to benefit C/OFDate 11/05/2019  Amount (\$) \$400.00  PURPOSE OF EXPENDITURE	Candidate/Officeholder name  Candidate/Officeholder name  Office sought  Office held  Payee name Y Strategy  Payee address; City; State; Zip Code 3110 Manor Rd  Ste H Austin, TX 78723  (a) Category (See Categories listed at the top of this schedule) Design  Candidate/Officeholder name  Office sought  Office held	
	Complete ONLY if direct expenditure to benefit C/OnDate 11/05/2019  Amount (\$)  PURPOSE OF EXPENDITURE  Complete ONLY if direct	Candidate/Officeholder name  Candidate/Officeholder name  Office sought  Office held  Payee name Y Strategy  Payee address; City; State; Zip Code 3110 Manor Rd  Ste H Austin, TX 78723  (a) Category (See Categories listed at the top of this schedule) Design  Candidate/Officeholder name  Office sought  Office held	
	Complete ONLY if direct expenditure to benefit C/OnDate 11/05/2019  Amount (\$)  PURPOSE OF EXPENDITURE  Complete ONLY if direct	Candidate/Officeholder name  Candidate/Officeholder name  Office sought  Office held  Payee name Y Strategy  Payee address; City; State; Zip Code 3110 Manor Rd  Ste H Austin, TX 78723  (a) Category (See Categories listed at the top of this schedule) Design  Candidate/Officeholder name  Office sought  Office held	

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Political Committee Credit Card Payment				The Instruction Guide explains how to complete this form.			/Contract Labor			(enter a category not list	ed above)
1	Total pages Schedule F1:	2	FILER NAMI	=					3	Filer ID		
L	Sch: 6/6 Rpt: 10/11	L	Austin Unit									
4	Date	5	Payee name									
L	11/05/2019		Y Strategy								v	
6	Amount (\$)	7	Payee addre	ess; City;	State;	Zip Co	de					
	\$175.57	l	3110 Mano	r Rd								
			Ste H									
			Austin, TX	78723								
8	PURPOSE	(a)	Category (S	ee Categories listed a	t the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Printing Exp					=			as. Complete Schedule T	
									, TX,	officeholo	der living expense	
								Flyer				
9	Complete ONLY if direct	Ļ	`andidate/Off	iceholder name		Office sou	aht			Of	fice held	
Ľ	expenditure to benefit C/Ol		zandidate/On	icenoider flame		mice sou	gnt			Oi	lice field	
Г	Date		Payee name									
	11/05/2019		Y Strategy									
	Amount (\$)		Payee addre	ss; City;	State;	Zip Co	de					
	\$8,000.00		3110 Mano	r Rd								
		Ste H										
			Austin, TX	78723								
	PURPOSE	(a)	Category (S	ee Categories listed a	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Consulting								as. Complete Schedule T	
						1		Consulting	TX,	officehold	der living expense	
								Consulting				
_	Complete ONLY if direct		andidate/Offi	ceholder name	0	office sou	ght			Off	fice held	
	expenditure to benefit C/O	_										
	Date		Payee name									
	11/05/2019		Y Strategy									
	Amount (\$)		Payee addre	ss; City;	State;	Zip Co	de					
	\$5,044.75		3110 Mano	r Rd								
			Ste H									
			Austin, TX	78723								
	PURPOSE	(a)	Category (Se	ee Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Printing Exp		,						as. Complete Schedule T	
	-7.1 -1.15.1.51.1.2								TX,	officehold	ler living expense	
								Mail				
	Complete ONLY if direct		andidate/Offi	ceholder name	0	ffice sou	aht			Off	fice held	
	expenditure to benefit C/OF				Ü		,			Oil	ioo noiu	

SCHEDULE I

	The Instruction Guide explains how to complete this form.										
1	Total pages Schedule I:	FILER NAME			3 Filer ID						
	Sch: 1/1 Rpt:	Austin United PAC	;								
4	Date	Payee name									
	11/29/2019	Frost Bank									
6	Amount (\$)	Payee Address;	City; State; Zip								
	9.00	P.O. Box 1600									
		San Antonio, TX 7									
8	PURPOSE		ns for examples of acceptable categories)	(b) Description	(See instructions regarding type of information required.)						
	OF EXPENDITURE	Fees		Service Fee							
	ZAI ZHOHONZ										
	Date	Payee name	¥								
	12/31/2019	Frost Bank									
	Amount (\$)	Payee Address;	City; State; Zip								
	9.00	P.O. Box 1600									
		San Antonio, TX 7	8296								
	PURPOSE	0 ,	ns for examples of acceptable categories)	(b) Description	(See instructions regarding type of information required.)						
	OF EXPENDITURE	Fees		Service Fee							
	×										